

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee To Elect MascherIMPORTANT: Indicate type of committee you are reporting for: ☒(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
(5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
(8) Support Slate of Candidates**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Mary Mascher

Political Party

Democrat

Office Sought

House of Representatives

District (if Senate or House)

77

FORM

DR-2

(Rev. 07/2003)

DISCLOSURE

REPORT

For Office Use Only

Comm. #

Logged In

Scanned

Computer

Audited

863

SIGNATURE OF TREASURER (or person filing this report)

Leanne Carter

TELEPHONE

319-338-5922

DATE SIGNED

7/16/04

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:I AM FILING A July 19, 2004 REPORT FOR AN/A (1) ELECTION (2) NON-ELECTION YEAR.
(report date)Indicate one ☐☒ CHECK IF AMENDMENT TO REPORT DATED 7/14/04☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election

November 2, 2004

County & Local Committees, enter County in which Election is held

Johnson**STATEMENT OF CASH ON HAND**CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)4451.04**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

1210.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

5661.04**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

1189.65

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)

4471.39****UNPAID BILLS** (From Schedule D - Attach Schedule D)****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)**CANDIDATE COMMITTEES ONLY:**

CONSULTANT BREAKDOWN (Schedule G Attached?)

☐ YES ☐ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS

☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MASCHER

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND-RAISER INCOME
6/26/04	ID# CK#	F. John Herbert 905 Third St. SE #510 Cedar Rapids, IA 52401		\$ 25 ⁰⁰	<input type="checkbox"/>
6/29/04	ID# CK#	Eileen Q. Tomlinson 800 W. Boston Indianola, IA 50125		25 ⁰⁰	<input type="checkbox"/>
7/2/04	ID# CK#	Jerome J. Howe 1995 Holiday Rd. Coralville, IA 52241		100 ⁰⁰	<input type="checkbox"/>
7/2/04	ID# CK#	Clifford J. Paulsen 615 Park St. Apt. #1204 Des Moines, IA 50309		50 ⁰⁰	<input type="checkbox"/>
7/2/04	ID# CK#	David R. Leaming 2415 E. 34th St. Des Moines, IA 50317-3206		50 ⁰⁰	<input type="checkbox"/>
7/2/04	ID# CK#	Carmen L. Janssen 4090 Westown Parkway Suite 302 West Des Moines, IA 50266		40 ⁰⁰	<input type="checkbox"/>
7/3/04	ID# CK#	T. L. Hofmann 411 E. Market St. Apt 104A Iowa City, IA 52245		15 ⁰⁰	<input type="checkbox"/>
7/3/04	ID# CK#	John M. Ely, Jr. 203 23rd St. N.E. Cedar Rapids, IA 52402		40 ⁰⁰	<input type="checkbox"/>
7/6/04	ID# CK#	Holly Hart P.O. Box 2448 Iowa City, IA 52244-2448		5 ⁰⁰	<input type="checkbox"/>
7/6/04	ID# CK#	Jane B. Brown 910 Brookview Dr. Attoona, IA 50009-1081		10 ⁰⁰	<input type="checkbox"/>

SUB-TOTAL

\$ 360⁰⁰

TOTAL (if last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 3
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MASCHER

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND-RAISER INCOME
7/7/04	ID# CK#	Patrick J. Muller 420 Iowa St. P.O. Box 406 Hills, IA 52235		\$ 25 ⁰⁰	<input type="checkbox"/>
7/8/04	ID# CK#	Carolyn Jones 810 8th ave NW Independence, IA 50644		30 ⁰⁰	<input type="checkbox"/>
7/8/04	ID# CK#	Ashley Super 2201 E Rose ave. Apt # 26 Des Moines, IA 50320		50 ⁰⁰	<input type="checkbox"/>
7/8/04	ID# CK#	Patricia D. Skora 203 Riverst. Apt # 5 Iowa City, IA 52240		15 ⁰⁰	<input type="checkbox"/>
7/8/04	ID# CK#	Kate Gronstal 220 Bennett ave. Council Bluffs, IA 51503		25 ⁰⁰	<input type="checkbox"/>
7/9/04	ID# CK#	Lois E. James 314 1/2 E. Burlington St Iowa City, IA 52240		50 ⁰⁰	<input type="checkbox"/>
7/12/04	ID# CK#	Linda McGuire 618 Ronalds St Iowa City, IA 52245		10 ⁰⁰	<input type="checkbox"/>
7/12/04	ID# 6356 CK# 1220	Freedom Fund PAC 851 19th St Des Moines, IA 50314		200 ⁰⁰	<input type="checkbox"/>
7/12/04	ID# CK#	Mary Burns 3709 Cottage Reserve Road Solon, IA 52333		250 ⁰⁰	<input type="checkbox"/>
7/12/04	ID# CK#	Lyn Dec Hook 3703 Cottage Reserve Rd NE Solon, IA 52333		25 ⁰⁰	<input type="checkbox"/>

SUB-TOTAL

\$ 680⁰⁰

TOTAL (if last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 3
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

**MONETARY
RECEIPTS**

☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MASCHER

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND-RAISER INCOME
7/12/04	ID# CK#	David M. Gilchrist 3705 Cottage Reserve Rd. N.E. Solon, IA 52333	#	\$ 100 ⁰⁰	<input type="checkbox"/>
7/12/04	ID# CK#	Doris Thompson 3747 Cottage Reserve Rd. N.E. Solon, IA 52333		25 ⁰⁰	<input type="checkbox"/>
7/12/04	ID# CK#	Barbara G. Stephens 3737 James Ln. N.E. Solon, IA 52333-9232		25 ⁰⁰	<input type="checkbox"/>
7/12/04	ID# CK#	Marita McGurk-Eicher 55 Somerset Iowa City, IA 52240		20 ⁰⁰	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 170⁰⁰

TOTAL (if last page of this schedule)

\$ 1210⁰⁰

* Filing law requires candidate committees to disclose the relationship of any relative making a contribution to the

marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 3 of 3
(for Schedule A)

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MASCHER

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
7/6/04	ID# CK#	U.S. Postmaster 400 S. Clinton Iowa City, IA 52240	Stamps	\$ 23 ⁰⁰
6/10/04 ⁴⁹⁰	ID# CK#	Midwestern Legislative Conference 641 E. Butterfield Rd. Lombard, IL 60148	Registration and fees for conference	275 ⁰⁰
6/11/04 ⁴⁹¹	ID# CK#	Aero Rental 227 Kirkwood ave. Iowa City, IA 52240	Decorations for fundraiser	148 ¹³
6/11/04 ⁴⁹²	ID# CK#	Every Bloomin' Thing 2 Rocky Shore Drive Iowa City, IA 52240	Decorations for fundraiser	56 ¹⁰
6/12/04 ⁴⁹³	ID# CK#	Staples 911 Highway 1 West Iowa City, IA 52240	Office Supplies	118 ⁴¹
6/22/04 ⁴⁹⁴	ID# CK#	Papa John's 329 S. Gilbert Iowa City, IA 52240	Food for Campaign workers	34 ⁰⁰
6/23/04	ID# CK#	Postmaster 400 S. Clinton Iowa City, IA 52240	Stamps and mailing costs	381 ⁹¹
7/6/04	ID# CK#	John Deeth 422 Brown St. #9 Iowa City, IA 52240	Mailing labels for June 11 event	152 ⁵⁰

SUB-TOTAL \$ 1189.65

TOTAL (if last page of this schedule) \$ 1189.65

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.6(3)(i).)

DISCLOSURE SUMMARY PAGE**FORM
DR-2**

(Rev. 07/2003)

DISCLOSURE
REPORT**COMMITTEE NAME** (Must be same as on Statement of Organization)Committee To Elect Mascher**IMPORTANT:** Indicate type of committee you are reporting for: ☒ 1(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
(5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
(8) Support State of Candidates**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Mary Mascher

Political Party

Democrat

Office Sought

House of Representatives pm 7-15

District (if Senate or House)

77**For Office Use Only**

Comm. #

863

Logged In

2

Scanned

Computer

Audited

SIGNATURE OF TREASURER (or person filing this report)

David Carter

TELEPHONE

314-338-5922

DATE SIGNED

7/14/04

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:I AM FILING A Amended July 19 2004 REPORT FOR AN/A (1) ELECTION /(2) NON-ELECTION YEAR.
(report date)Indicate one ☒ 1☐ CHECK IF AMENDMENT TO REPORT DATED _____☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election

November 2, 2004County & Local Committees, enter County in
which Election is heldJohnson**STATEMENT OF CASH ON HAND****CASH ON HAND** at the beginning of the reporting period. (This is the total of all monies held
by the committee. This amount **MUST** be the same as the cash on hand at the end
of the last reporting period, or must be zero if this is first report filed.)\$4451.04**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

1210.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL\$

5661.04**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

23.00

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report, balance must
be zero) (Attach DR-3)\$5638.04****UNPAID BILLS** (From Schedule D - Attach Schedule D)\$***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)\$****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)\$**CANDIDATE COMMITTEES ONLY:****CONSULTANT BREAKDOWN** (Schedule G Attached?)☐ YES ☐ NO**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)

\$



SCHEDULE A (Rev. 07/03)		MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM		

CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)COMMITTEE TO ELECT MASCHER

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND- RAISER INCOME
6/26/04	ID# CK#	F. John Herbert 905 Third St. SE #510 Cedar Rapids, IA 52401		\$ 25 ⁰⁰	<input type="checkbox"/>
6/29/04	ID# CK#	Eileen Q. Tomlinson 800 W. Boston Indianola, IA 50125		25 ⁰⁰	<input type="checkbox"/>
7/2/04	ID# CK#	Jerome J. Howe 1995 Holiday Rd. Coralville, IA 52241		100 ⁰⁰	<input type="checkbox"/>
7/2/04	ID# CK#	Clifford J. Paulsen 615 Park St. apt. #1204 Des Moines, IA 50309		50 ⁰⁰	<input type="checkbox"/>
7/2/04	ID# CK#	David R. Leaming 2415 E. 34th St. Des Moines, IA 50317-3206		50 ⁰⁰	<input type="checkbox"/>
7/2/04	ID# CK#	Carmen L. Janssen wife 4090 Westown Parkway #302 West Des Moines, IA 50206		40 ⁰⁰	<input type="checkbox"/>
7/3/04	ID# CK#	T. L. Hofmann 411 E. Market St. Apt 104A Iowa City, IA 52245		15 ⁰⁰	<input type="checkbox"/>
7/3/04	ID# CK#	John M. Ely, Jr. 203 23rd St. N.E. Cedar Rapids, IA 52402		40 ⁰⁰	<input type="checkbox"/>
7/6/04	ID# CK#	Holly Hart P.O. Box 2448 Iowa City, IA 52244-2448		5 ⁰⁰	<input type="checkbox"/>
7/6/04	ID# CK#	Jane B. Brown 910 Brookview Dr. Altoona, IA 50009-1081		10 ⁰⁰	<input type="checkbox"/>

SUB-TOTAL

\$ 360⁰⁰

TOTAL (if last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 3
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

Reset Form

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS

☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MASCHER

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND-RAISER INCOME
7/7/04	ID# CK#	Patrick J. Muller 420 Iowa St. P.O. Box 406 Hills, IA 52235		\$ 25 ⁰⁰	<input type="checkbox"/>
7/8/04	ID# CK#	Carolyn Jones 810 8th Ave NW Independence, IA 50644		30 ⁰⁰	<input type="checkbox"/>
7/8/04	ID# CK#	Ashley Super 2201 Rose Ave. Apt # 26 Des Moines, IA 50320		50 ⁰⁰	<input type="checkbox"/>
7/8/04	ID# CK#	Patricia D. Skora 203 River St. Apt # 5 Iowa City, IA 52240		15 ⁰⁰	<input type="checkbox"/>
7/8/04	ID# CK#	Kate Gronstal 220 Bennett Ave. Council Bluffs, IA 51503		25 ⁰⁰	<input type="checkbox"/>
7/9/04	ID# CK#	Lois E. James 314 1/2 E. Burlington St Iowa City, IA 52240		50 ⁰⁰	<input type="checkbox"/>
7/12/04	ID# CK#	Linda McGuire 618 Ronalds St Iowa City, IA 52245		10 ⁰⁰	<input type="checkbox"/>
7/12/04	ID# 6356 CK# 1220	Freedom Fund PAC 851 19th St Des Moines, IA 50314		200 ⁰⁰	<input type="checkbox"/>
7/12/04	ID# CK#	Mary Burns 3709 Cottage Reserve Road Solon, IA 52333		250 ⁰⁰	<input type="checkbox"/>
7/12/04	ID# CK#	Lyn Dec Hook 3703 Cottage Reserve Rd NE Solon, IA 52333		25 ⁰⁰	<input type="checkbox"/>

SUB-TOTAL

TOTAL (If last page of this schedule)

\$ 680⁰⁰
\$

* If contributor is a relative of the candidate, the committee must disclose the relationship of any relative making a contribution to the marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 3
(for Schedule A)

For Instructions, See Back of Form



CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MASCHER

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND- RAISER INCOME
7/12/04	ID# CK#	David M. Gilchrist 3705 Cottage Reserve Rd. N.E. Solon, IA 52333	#	\$ 100 ⁰⁰	<input type="checkbox"/>
7/12/04	ID# CK#	Doris Thompson 3747 Cottage Reserve Rd. N.E. Solon, IA 52333		25 ⁰⁰	<input type="checkbox"/>
7/12/04	ID# CK#	Barbara G. Stephens 3737 James Ln. NE. Solon, IA 52333-9232		25 ⁰⁰	<input type="checkbox"/>
7/12/04	ID# CK#	Marita McGurk-Eicher 55 Somerset Iowa City, IA 52240		20 ⁰⁰	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 170⁰⁰
\$ 1210⁰⁰

TOTAL (If last page of this schedule)

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 3 of 3
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM



EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MASCHER

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
7/6/04	ID# CK#	U.S. Postmaster 400 S. Clinton Iowa City, IA 52240	stamps	\$ 23 ⁰⁰
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 23 ⁰⁰
TOTAL (if last page of this schedule)				\$ 23 ⁰⁰

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.6(3)(f).)

Page 1 of 1

(for Schedule B)